

17 November 2004

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Re: Annual Report (September 2003-September 2004) for Cooperative Agreement No. 620-A-00-03-00217-00
Seven Dioceses Care and Support Project and Prevention of Mother to Child Transmission Amendment

SECTION 1: Country USG Agency Financial Report

Table 1.1 - Sub-Partner Table

Partner Name	Funding Amt	Sub-Partner	Type	Local Y/N	New Y/N	Amt Awarded
Catholic Relief Services	\$1,920,000 obligated for activities during FY 04*	Catholic Secretariat of Nigeria	FBO	Yes	No	\$8,426
		Archdiocese of Abuja	FBO	Yes	No	\$69,089
		Archdiocese of Jos	FBO	Yes	No	\$22,535
		Archdiocese of Kaduna	FBO	Yes	No	\$26,672
		Archdiocese of Benin City	FBO	Yes	No	\$10,717
		Diocese of Kafanchan	FBO	Yes	No	\$27,899
		Diocese of Idah	FBO	Yes	No	\$31,238
		Diocese of Lafia	FBO	Yes	No	\$30,172
		Diocese of Minna	FBO	Yes	No	\$28,657
* Please note that \$700,000 of this obligated amount was pre-PEPFAR and was obligated during FY03.						

Table 1.2 - Program Obligation Table

Table 1.2.1 Program Area: Prevention of Mother-to-Child Transmission
Total FY04 Funding Obligated for Program Area (\$): 700,000
Table 1.2.2 Program Area: Palliative Care
Total FY04 Funding Obligated for Program Area (\$): 1,220,000 (Note: \$750,000 was obligated during FY 03)

SECTION 2: Prevention, Care and Treatment Accomplishments**COP Indicators for October 1, 2003 –September 30, 2004**

	USG Direct Support	USG Indirect Support	Total USG Support
<i>PREVENTION</i>			
Number of pregnant women who received PMTCT services in FY04	1,048	3,144	4192 (It is expected that each woman who receives direct services translates into three additional clients)
<i>CARE</i>			
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support in FY04	5,741	N/A	5,741
Total number of people receiving Care and Support	5,741	N/A	5,741

SECTION 3: Program Level Indicators – Direct Counts

<i>TOTALS FOR PREVENTION SERVICES/PROGRAMS</i>	
Total number of service outlets/programs providing prevention services	101 (Active PACAs plus 8 diocesan offices)
Total number of individuals trained to provide prevention services	70
Prevention/Abstinence and Be Faithful	
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	101

Prevention of Mother-to-Child-Transmission

Number of pregnant women provided with PMTCT services, including counseling and testing	1048
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Palliative Care: Basic Health Care and Support (excluding TB/HIV)

Number of service outlets/programs providing general HIV-related palliative care	101
Number of individuals provided with general HIV-related palliative care	5,741 (This includes indicators from the following fields: Psychosocial counseling, PLWHAs visited by HBC volunteers, support group members, referrals)
Number of individuals trained to provide general HIV-related palliative care	70

SECTION 4: ARV procurement

N/A

SECTION 5: PMTCT Indicators – Direct Counts

	October 1, 2003 – March 31, 2004	April 1, 2004-Sept 30, 2004
Total number of pregnant women receiving PMTCT services	N/A	1048

SECTION 6: Success Stories

Please note that though success stories could not be prepared for this annual report, CRS will actively collect success stories for future reports to USAID.

SECTION 7: CRS Tracked Indicators (Reporting Period October 1, 2003-September 30, 2004)^{1,2}

Indicator	Quarter I Oct –Dec ‘03	Quarter II Jan-Mar. ‘04	Quarter III April-June ‘04	Quarter IV July-Sept ‘04
Number of active PACAs (volunteer HIV/AIDS organizations)³	78	82	84	135
Number of active PACA members	849	802	972	2413
Number of priests, catechists and religious participating in AIDS awareness seminar	0	74	154	255
Number of parishes reporting priests engaged in HIV/AIDS activities	138	155	144	339
Number of people trained through project (counseling and HBC)	0	0	0	0
Total number of parishioners sensitized through World AIDS Day	58,007	N/A	N/A	N/A
Total number of PLWHA clients counseled	271	541	439	823
<i>Psychosocial Counseling</i>	271	541	424	661
<i>PMTCT-Other</i>	N/A	N/A	15	162
Total number of PLWHA clients visited by HBC volunteers	497	403	408	877
<i>Non-PMTCT</i>	497	403	390	857
<i>PMTCT</i>	N/A	N/A	18	20
Total number of PLWHA clients at diocesan level support group	140	95	202	510
<i>Non-PMTCT</i>	140	95	184	483
<i>PMTCT (women)</i>	N/A	N/A	18	27
<i>PMTCT (couples)</i>	N/A	N/A	0	0
Total number of referrals	83	59	248	145
<i>Non-PMTCT</i>	83	59	230	118
<i>PMTCT to COE and SCs</i>	N/A	N/A	13	21
<i>PMTCT to other PMTCT facilities</i>	N/A	N/A	5	6
Total number of PMTCT clients referred who received services	N/A	N/A	13	21
Total number of PLWHA clients receiving CRS subsidized drugs	N/A	N/A	0	0
<i>Non-PMTCT</i>	N/A	N/A	0	0
<i>PMTCT</i>	N/A	N/A	0	0
Total number of PLWHA clients receiving USG supported food supplements	380	363	497	861
Total number of PMTCT clients receiving USG supported food supplements	N/A	N/A	6	20
Total number of PMTCT clients receiving USG supported multi-vitamin supplements	N/A	N/A	6	20

¹ PMTCT indicators are from April 1, 2004-September 30, 2004.

² Data not available for Quarters 2&3 for Archdiocese of Jos and Quarter 3 for Archdiocese of Kaduna.

³ Data not available for Diocese of Minna

SECTION 8: Narrative Report

I. Introduction

From May 2002 to September 2003, CRS/Nigeria collaborated with the Catholic (Arch)Dioceses of Abuja, Jos, Kafanchan, and Idah to implement the *Four Dioceses Community-Based Care & Support Project*. CRS/Nigeria supported partner dioceses to mobilize a network of Parish Action Committees on AIDS (PACAs), comprised of Parish AIDS Volunteers (PAVs) who provided counseling and home-based care services to people living with HIV/AIDS (PLHWA). The project provided PAVs with home-based care kits containing basic drugs and disinfectants needed for the care of PLHWA. Support groups were also formed to provide psychosocial support, create a supportive atmosphere in which to share experiences and learn from other members, and promote positive living. Support group meetings also served as a venue for the distribution of food supplements and the opportunity for members to consult with volunteer doctors.

The success of the *Four Dioceses Community-Based Care & Support Project* spurred the development of the *Seven Dioceses Community-Based Care & Support Project*, which was presented to and approved by USAID/NG for a total funding amount of \$2,153,351 over three years (September 2003-September 2006). The *Seven Dioceses Community-Based Care & Support Project* expanded the scope of care and support services offered to people living with HIV/AIDS (PLHWA), as well as the geographic coverage of project activities. The three additional dioceses supported are the Archdiocese of Kaduna, and the Dioceses of Lafia and Minna. As in the *Four-Dioceses Community-Based Care & Support Project*, care and support activities are provided to community members by Parish AIDS Volunteers (PAVs), who are trained and supported by the project-funded HIV/AIDS Team in each of the seven Dioceses. The project supports comprehensive care and support services including voluntary confidential counseling and testing (VCCT) services, home-based care (HBC), support groups for PLHWA, nutritional food supplements, and subsidized drugs for opportunistic infections (the last is a CRS Cost Share contribution). To ensure quality services, the project supports multiple trainings and ongoing monitoring and support for PAVs, as well as the establishment of formal referral networks with Catholic health facilities. USAID obligated an initial US\$750,000 for the project in September 2003, and an additional US\$470,000 in January 2004.

On April 2, 2004, the CRS-USAID Cooperative Agreement for the *Seven Dioceses* project was amended to include the addition of Prevention of Mother to Child Transmission (PMTCT) activities⁴. The total approved amount for the Cooperative Agreement, including PMTCT activities, was revised to \$4,911,589. Upon finalization of the amendment, an additional US\$700,000 was obligated to CRS to support the implementation of the PMTCT activities.

With the modification to the Cooperative Agreement, PMTCT-specific trainings, care, support and social mobilization activities have been integrated with the *Seven Dioceses* activities in the Federal Capital Territory (Archdiocese of Abuja). The Archdiocese of Benin City in Edo State is also involved in the PMTCT initiative by supporting Pathfinder International's PMTCT social mobilization efforts through the Catholic Church. The PMTCT Amendment also allows CRS to strengthen its work with and support to the Catholic Secretariat of Nigeria in HIV/AIDS and PMTCT capacity building activities. In addition, PMTCT-specific technical and social issues have been addressed through additional trainings, the establishment of PMTCT specific support groups, and PMTCT specific care and support services. A referral system for pregnant and at-risk women is in the process of being established by PACAs and Catholic health care institutions to the satellite centers and center of excellence providing PMTCT services.

II. Qualitative Data Highlights by Quarter

September-December 2003:

- CRS worked in collaboration with partners to develop individual year-one budgets and detailed implementation plans for all CRS partners.
- Diocesan project partners began to develop the HIV/AIDS unit within the diocesan structure by hiring qualified staff.

⁴ PMTCT activities will be funded through 14th of September 2006, consistent with the original Cooperative Agreement for the *Seven Dioceses Care and Support Project*

- A Kick-Off Workshop was held with approximately 20 diocesan partners covering topics such as: review of project goal, objectives and activities, project M&E system, financial reporting, and basic training on administration.
- CRS hired a Care and Support Officer to provide close technical support to the diocesan partners.
- A Program Manager was hired to work on the development and management of the PMTCT project.
- CRS staff attended meetings with PMTCT implementing partners to coordinate and collaborate PMTCT activities.
- World AIDS Day, with speeches and rallies focusing on awareness creation, was celebrated in all dioceses and selected parishes.
- A baseline survey of HIV/AIDS activities and knowledge in *Seven Dioceses* completed. This included hiring of a consultant, development of survey instruments, and collection of data.

January-March 2004:

- The International Development Fellow for CRS/Nigeria was promoted to HIV/AIDS Program Manager to oversee the *Seven Dioceses Community Based Care and Support Project* and to work in collaboration with the HIV/AIDS Program Manager overseeing the PMTCT project.
- The baseline survey final report was submitted to CRS and results disseminated to the seven dioceses.
- The Archdiocese of Abuja hired a PMTCT Coordinator to oversee the implementation and M&E of PMTCT of activities.
- The three “new” dioceses began to work with parishes in identifying interested and committed parish volunteers to provide home based care and counseling services for PLWHAs (formation of Parish Action Committees for AIDS-PACA). “Old” dioceses (those with whom CRS had worked in the original *Four Dioceses* project) continued to work with and expand volunteer capacity and services to provide home-based care and counseling services for PLWHAs
- CRS and Pathfinder International held an Advocacy Meeting on PMTCT for over 30 community leaders and gatekeepers in FCT.
- Dioceses began to organize monthly support group meetings where food supplements and drugs for opportunistic infections are distributed.
- The Archdiocese of Abuja began providing VCCT services
- A consultant from Mildmay International came to CRS/Nigeria to conduct a needs assessment in the area of home-based care, counseling and training.
- An HIV/AIDS sensitization workshop was held with 19 priests from the eight partner dioceses, five bishops and staff from the Catholic Secretariat of Nigeria.
- Four days of training in project financial management and Excel was provided to the eight diocesan partners.
- Diocesan partners worked in collaboration with CRS to develop protocols for referrals, treatment and management of opportunistic infections, and VCCT.
- In “new” dioceses, home based care and counseling services were initiated by Parish Action Volunteers (PAVs) and in the “old” dioceses (from the original *Four Dioceses* project), home-based care and counseling services provided by PAVs continued.

April-June 2004:

- CRS HIV/AIDS Regional Technical Advisor for West Africa provided CRS/Nigeria and its partners technical support in the areas of a national HIV/AIDS survey to be conducted by the Catholic Secretariat of Nigeria, HIV/AIDS strategy development, and general project and HIV/AIDS staff development issues.
- A Nigerian Program Manager was hired in CRS/Nigeria to help manage activities in four of the partner dioceses.
- CRS met with staff associated with other Catholic NGOs (CAFOD and MISEREOR) in an effort to strengthen collaboration and reduce duplication of activities.
- CRS supported 17 partners to attend the Fourth National HIV/AIDS Conference in Abuja
- CRS held a Social Mobilization Workshop with selected PACAs in FCT who will be implementing PMTCT activities.
- PMTCT amendment was signed with USAID/NG and the first obligation of funds was disbursed to CRS.
- Pathfinder International and CRS organized a Referral Workshop for 30 participants in FCT. Participants included professionals from the PMTCT Center of Excellence, Satellite Centers, Catholic health institutions, volunteer PACA members, other civil society organization, and PLWHAs. Goal of workshop was to gather feedback on the development of the referral system for PMTCT in FCT.

- The Archdiocese of Abuja established a PMTCT-specific support group for HIV-positive pregnant and post-partum women where additional food supplements and vitamins are distributed. The support group provides women the opportunity to share specific challenges pertaining to their situation.
- Referrals began for PMTCT clients to Daughters of Charity, Kubwa for PMTCT services.
- A MPH student-intern from the University of North Carolina worked for 10 weeks on the development of the M&E Tool Packet for the *Seven Dioceses Community Based Care and Support Project* and *PMTCT Amendment*.

July-September 2004:

- The Archdiocese of Benin City Health-HIV/AIDS office was established, and a Health Coordinator and HIV/AIDS Coordinator were hired.
- CRS hired a PMTCT Program Manager to help manage PMTCT project activities.
- All 8 dioceses held step-down HIV/AIDS sensitization workshop for clergy.
- CRS hired consultants from Nigeria and the Medical Mission Institute (Germany) to conduct an assessment of 40 Catholic health institutions in 8 partner dioceses to identify possible linkages between community services and these institutions, as well as to assess the readiness of institutions to begin provision of anti-retroviral drugs and PMTCT services
- Based on analysis of Year One monitoring information and discussions with diocesan partners, detailed implementation plans and budgets were developed for Year Two.
- The Archdiocese of Abuja held a workshop with Catholic health care institutions in FCT to sensitize them on PMTCT project activities and to establish linkages between community services and the COE and SCs.
- Advocacy visits were made by all PMTCT IPs to the COE and SCs in all four focal states. CRS and its partners attended the advocacy visits in FCT and Edo State, and provided a list of community support services for PLWHAs to the health institutions.
- Financial management capabilities of partners improved after the finance training and individual hands-on training with CRS program managers.
- The CSN has developed a draft curriculum for clergy that will be reviewed by identified committee members before being finalized and distributed to all fifty dioceses.

III. Challenges/Problems Encountered

- Delays were experienced in the signing of the original Cooperative Agreement, which created a delay in planning for project start-up activities
- Turn over of CRS *Seven Dioceses* project staff caused gaps in project management continuity.
- CRS continues to experience difficulties in recruiting qualified staff for both national and international positions (the HIV/AIDS Section Head position and one Nigerian Project Manager position still remain vacant after nearly one year).
- Partners experienced delays in receiving their initial advance from CRS, due to extended budget discussions. Partners received their first advance from CRS in December 2003 and January 2004, causing partner project activities to commence in January 2004.
- Project activities were slow to take-off due to underdeveloped or non-existent HIV/AIDS staff in partner Dioceses.
- Many existing and newly hired Diocesan staff have limited capacity in HIV/AIDS and/or social mobilization, causing inefficiencies in project implementation, and sub-optimal levels of technical expertise. Systems for drug referrals and VCCT have been slow to develop, largely due to the limited capacity of Diocesan staff.
- Delays were experienced in signing the PMTCT Amendment, causing significant delays in the expected start-up of project activities.
- There has been a marked lack of coordination among the Implementing Partners involved in the PMTCT project.
- There were delays in the renovation of health facilities selected for the USG-funded PMTCT program and problems/delays in ensuring availability of Nevirapine in these facilities, causing CRS social mobilization and referral activities to be put on hold until these problems were resolved.
- Advocacy by PMTCT Implementing Partners with selected PMTCT health facilities happened late in the PMTCT project, creating confusion and frustration among health facilities.
- The Archdiocese of Jos Health and HIV/AIDS team have experienced significant staffing challenges (incapacitation of Health Coordinator, resignation of HIV/AIDS Coordinator) creating a delay in the implementation of project activities in Jos Archdiocese.

- There was a significant delay in the procurement of the US-made project vehicles, with vehicles being delivered to CRS after one year into the three-year project. The vehicles received are not the model that was ordered. The vehicle model received (a two door versus four door pick-up) will cause significant logistical challenges for partners and CRS.
- Some partners do not seem to have fully understood the implications and stipulations of receiving U.S. Government funding, which has caused frustration. In the case of the Catholic Secretariat of Nigeria (CSN), they declined to accept a computer and vehicle purchased with project funds as they refused to take responsibility for equipment that would not be titled in their name.
- There were delays in signing the sub-agreement and first advance with the Catholic Secretariat of Nigeria due to clarifications needed with the CSN regarding the implications of USG funding and its associated rules and regulations. This process of clarifying resulted in several months delay in the start up of project activities.
- There have been a number of challenges surrounding Parish AIDS Volunteers (PAVs), who are the actual implementers of home-based care and counseling activities. Motivation levels of PAVs have been waning, due to the following identified reasons:
 - Delays in project start-up led to frustration among PAVs
 - Project sponsored training in home-based care and counseling has been delayed, resulting in low capacity of PAVs to fulfill their tasks.
 - PAVs have little or no funds for transport, or other costs, needed to deliver their services to PLWHA
 - PAVs have few incentives, monetary or otherwise, to carry out their services.
 - Many PAVs have full-time employment outside of their volunteer work. Providing services to PLWHAs places high demands on PAVs' time and the volunteer work can be emotionally taxing.
 - PAVs are hesitant to provide care and support to additional PLWHAs seeking services because of their limited manpower and ability to provide the services, drugs, food and financial support, which are often requested.
- Women with HIV find it difficult to pay for high cost of ante-natal care and delivery fees through which PMTCT services are offered and prefer to deliver in the villages.
- Options for formula feeding and Caesarean-section are not within the financial means of most PMTCT clients.
- There were significant delays in CRS receiving the baseline survey report (despite advance planning, report was received after partners began project activities).
- PEPFAR indicators are still being finalized, making it difficult for CRS to finalize the monitoring and evaluation plan with partner Dioceses.
- The lack of a culture of information management created challenges for the collection of monitoring and evaluation information at both PACA and diocesan level.
- Catholic partners are at times hesitant to provide complete and accurate information about HIV/AIDS, specifically information about condoms.
- A training on testing for lab workers had to be postponed due to the unstable situation in Plateau State at the time the workshop was originally planned.

IV. Lessons Learned

- PAVs need incentives in order to maintain motivation for their work. Possible incentives planned for year two of the project include bicycles, motorcycles, t-shirts, bags. Comprehensive training will also be provided to PAVs in the areas of home-based care and counseling.
- It is important to fully explain the rules and regulations that accompany receiving U.S. Government funding to partners before entering into a partnership, in order to allow partners to make an informed decision as to whether or not they are willing to comply with these regulations in order to receive funding.
- It is important to make sure that partners formally commit to providing complete and accurate information about HIV/AIDS transmission and prevention before agreeing to enter a partnership with CRS.
- There is a need for closer technical and financial support from CRS to its partner dioceses, in order to promote more rapid capacity building and attainment of project objectives, within an enhanced technical environment.
- There is a need for greater collaboration between CRS and other international non-governmental organizations in order to enhance impact of each organization's activities, reduce duplication of efforts, and minimize the possibility for Dioceses to grow dependent or exploitive of international NGO support
- There is a need to continue sensitization activities and training opportunities with the clergy and religious, in order to better enlist their support and leadership for the fight against HIV/AIDS.

- In the income-restricted environment in many Nigerian communities, there is a need to support income generation activities for PLWHAs.
- Traditional birth attendants need to be included in training programs, and linked with PACAs.

V. Conclusion

The first year of the project mainly focused on developing the groundwork for the sustainable and efficient delivery of upcoming project HIV/AIDS activities. The *Four Dioceses* project was a key first step; however, there was still much to be done to ensure that the community-based structures were mobilized and provided quality support, particularly in the “new” dioceses but also in the “old”. The first year activities focused on the development of partner staff structures, building the capacity of partners in the area of HIV/AIDS, establishing community support structures, identifying needs and services available to meet those needs, and building new structures and developing new project activities to fill gaps in services and support. Key first year activities included:

- Hiring appropriate staff
- Establishing PACA structures and HIV/AIDS structures at the diocesan level
- Developing testing and drug distribution structures and drug revolving scheme
- Social mobilization and training on PMTCT
- Sensitization and awareness creation of HIV/AIDS and project activities
- Identifying clients eligible to access services offered
- Assessing Catholic health institutions to establish possible linkages with community-based care & support

First year activities included home-based care, counseling, referrals, VCCT and social mobilization. However, there will be more of an emphasis during the second year of project activities to build capacity of staff and volunteers and continue to improve the effectiveness and efficiency of project delivery structures such as the referral system, drug revolving scheme, home-based care and testing centers.

In addition, in the second year of project, CRS and partners will take advantage of creating awareness and providing care and support services to all potential PMTCT clients throughout the eight partner dioceses and will work with the CSN to support and expand the awareness of PMTCT services available.

CRS will address the challenges identified under sections III and IV of this report. There will be a focus on addressing motivation and sustainability of the PACA structures through incentives such as training, bags, certificates and acknowledging volunteer services during World AIDS Day. Project activities will also include ways to address the financial and nutritional challenges PLWHAs and their families face by exploring opportunities for income generating activities and improving the nutritional quality of the food supplement.

As CRS looks into expanding its ART program in Nigeria, ways to link community based care project activities to the ART program will be explored. CRS will continue to work with partners in addressing sustainability of all project activities and structures so the program will continue after funding from CRS and the donor ends.